

STOCKBRIDGE-MUNSEE HEALTH & WELLNESS CENTER POLICY

Department: Purchased Referred Care **Department Manager:** PRC/TFRS/THF Manager

Policy Title and #: PRC Eligibility, #202PRC0002 **Effective:** 6-19-08

Review Date: 3-22-06

Supersedes: None

REVIEW/APPROVAL PROCESS		
LEGAL: 8-13-07	HEALTH BOARD: 4-23-08	TRIBAL COUNCIL: 6-19-08

Policy: Indian Health Service (I.H.S.) Purchased Referred Care (PRC) are health care services that cannot be provided by the professional staff at the Stockbridge-Munsee Health and Wellness Center (SMHWC). An on-site physician determines medically necessary services. PRC funding is limited, and may not be expended for services that are reasonably accessible and available at the SMHWC. Individuals seeking PRC funds must meet eligibility criteria which include proof of residency, use of alternate resources, and documentation of enrollment/descendency.

SECTION I

1. CATEGORIES OF INDIVIDUALS WHO ARE ELIGIBLE

Individuals meeting the following criteria:

- a. An enrolled member, a direct descendant (first generation), or a second-generation descendant of the Stockbridge-Munsee Tribe who resides within the Purchased Referred Care Delivery Area (PRCDA) which is defined as Shawano and Menominee Counties.
 - i. Stockbridge-Munsee enrollment or descendency documentation can be obtained at the Stockbridge-Munsee Land & Enrollment office. Eligibility documents must be submitted to the front desk staff at the SMHWC within 30 days of the date of service.
- b. Any individual who has not attained the age of 19 and is the natural or adopted child, stepchild, legal ward, or orphan of an enrolled Stockbridge-Munsee tribal member and who resides within the Stockbridge-Munsee PRCDA.
- c. A non-Indian woman pregnant with an enrolled Stockbridge-Munsee member’s child but only during the period of her pregnancy specifically pertaining to postpartum (generally about 6 weeks after delivery). In cases where the woman is not married to the enrolled Stockbridge-Munsee

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member, paternity must be acknowledged by the enrolled Stockbridge-Munsee member or determined by a court of competent jurisdiction.

- d. A PRC eligible person who moves out of the PRCDA in order to attend an educational institution full-time. The PRC eligibility would remain in effect while the person was attending the educational institution and for up to 180 days after completion. *42CFR136.23 Persons to whom Contract Health Services will be provided*

SECTION II

1. ELIGIBILITY REQUIREMENTS

Persons described below may be eligible for payment of PRC only if they meet the following criteria.

- a. Persons must apply for alternate resources.
 - i. The SMHWC will not authorize payment for contract health services in a situation where there is a reasonable indication that an alternate resource exists; there is a reasonable indication that the individual may be eligible for the alternate resource and that person refuses to apply for the alternate resource, (i.e. Medicare, Medicaid, Medical Assistance, vocational rehabilitation, Veterans Administration, crippled Children's programs, private insurance and State programs.) *42CFR36.61 Payor of Last Resort*
 - ii. Nothing in subsection a.i. above is intended to create an "out-of-pocket" expense for the individual. The individual is not required to expend personal resources for health services to meet alternate resource eligibility or to sell valuables or property to become eligible for alternate resources. This includes programs that have "estate recovery" provisions, which are viewed as "out-of-pocket" expenditures.

SECTION III

1. INCOMPLETE AND INACCURATE INFORMATION

- a. The intentional submission of inaccurate or incomplete information in order to establish eligibility will be regarded as an intent to defraud the Stockbridge-Munsee Tribe and may result in legal action against the patient.

- b. All suspected cases of fraud will be immediately reported to the SMHWC Director.

SECTION IV

1. EMERGENCY CARE

- a. In Emergency cases the patient, or patient's representative, must notify the SMHWC within 72 hours after the beginning of treatment or admission to a healthcare facility. The 72-hour notification period excludes Saturdays, Sundays and Federal holidays. (Exceptions for elderly or disabled) Prior approval in the form of a referral is required for non-emergent care.
42CFR 36.24 Authorization for Contract Health Services
 - i. Elderly or disabled patients are not required to give a 72-hour notification, but should provide notice as soon as possible.
 - ii. Prior approval, in the form of a referral, is required for non-emergency care.
- b. PRC eligible persons incurring pharmacy costs in excess of \$10.00 because the SMHWC Pharmacy is closed will be reimbursed. Elderly and disabled patients are not subject to this cost threshold.
- c. The SMHWC Medical Director may authorize PRC Services to a non-eligible if or when there is a communicable disease in the household, which poses a threat to the public health of the community. The SMHWC may request payment for these services from the non-eligible person or their third party payer.

SECTION V

1. OPTICAL SERVICES

Children (Pre-school through 12th Grade)

A. Frequency of examinations:

- 1. Once every 12 months.

B. Frequency of Replacement:

- 1. Once every 12 months, only lenses will be replaced prior to the requisite 12-month time period if a significant ocular change occurs and is documented by an eye care professional. It is the eligible persons responsibility to submit proof of change to the PRC office.

2. A one-time benefit of \$25.00 will be disbursed for lost or stolen glasses prior to the 12-month requisite time frame.
3. In the case of broken glasses eligible persons should seek warranty information from the vendor.

C. Payment Allowance:

1. Eligible Children are allowed up to but not exceeding \$150 payment of total charges this includes the exam, frame, lenses, and/or contacts and miscellaneous charges after other sources of payment have been used.

Adults (age 19 through 54 years of age)

A. Frequency of examinations:

1. Once every 24 months.

B. Frequency of Replacement:

1. Once every 24-months, only lenses will be replaced prior to the requisite 24-month time period if a significant ocular change occurs and is documented by an eye care professional. It is the eligible person responsibility to submit documentation of change to the PRC office.

C. Payment Allowance:

1. Eligible adults are allowed up to but not exceeding \$150 payment of total charges this includes the exam, frame, lenses, and/or contacts and miscellaneous charges after other sources of payment have been used.

Elderly (age 55 and older) and Disabled:

A. Frequency of examinations:

1. Once every 24 months

B. Frequency of Replacement:

1. Once every 24 months, only lenses will be replaced prior to the requisite 24 -month time period if a significant ocular change occurs and is documented by an eye care

professional. It is the eligible persons responsibility to submit documentation of change to the PRC office.

C. Payment Allowance:

1. Elderly and disabled persons are allowed up to but not exceeding \$150 of total charges, this includes exams, frames, lenses, and/or contacts and other miscellaneous charges after all other resources have been used.

**Diagnosis that requires an annual eye exam must be done by referral for example: eye injury/disease, and annual diabetic eye exam.

SECTION VI

1. PAYMENT PROCEDURE

- a. The referral does not constitute any commitment on the part of the Indian Health Service/PRC to pay for the service. PRC is not an entitlement program or an insurance program. The Indian Health Service/PRC cannot guarantee that funds are always available.
- b. Patient must obtain a referral from a SMHWC provider for each visit to an outside health care facility unless otherwise noted. This referral also covers prescriptions to be filled by the SMHWC Pharmacy from those providers.
- c. The patient, guardian, or designated representative, must submit a copy of patient's health insurance explanation of benefits (EOB) and all bills received by patient pertaining to the referral to the PRC office.
- d. If patient carries no private insurance, then proof of application for alternate resources, and an acceptance or denial is required for determination of benefits.

SECTION VII

1. APPEALS PROCESS

- a. If a person is denied payment for care received, the PRC program issues a denial letter. The letter of denial states the reason for the denial of payment and explains the right of appeal.
- b. A denial of PRC payment for services can be appealed to the SMHWC Health Board. The appeal must be submitted within 30 days from the receipt of the denial letter. The decision of the SMHWC Health Board can

be appealed to the Stockbridge-Munsee Tribal Council. The appeal must be submitted within 30 days from the receipt of the denial letter.

- c. The applicant must be notified in writing of the denial and that an appeal must be submitted in writing to the Stockbridge-Munsee Tribal Council within 30 days of receipt of the denial letter. The final administrative appeal is to the Stockbridge-Munsee Tribal Council.

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